

Cover Summary

Extras 90 Boost.

medibank

This cover must be taken with an eligible Hospital cover.

Here’s a summary of the services and treatments we pay benefits towards on your cover. Please read it and keep it somewhere safe for future reference. For a better understanding of how your cover works refer to your Member Guide, which is a summary of our Fund Rules and policies, or call us on 1800 746 746.

 Making the most of your Extras cover.

Extras providers

With Extras 90 Boost you can claim a known percentage back at any recognised provider nationwide. That gives you the flexibility to use the service provider of your choice, knowing exactly what percentage of their charge you will receive back each time, up to your annual limit.[†]

It’s important to know that the benefit we pay for services or items is likely to be less than your annual limit and less than your provider’s charge, which means you may have out-of-pocket expenses to pay.

Get more value at Members’ Choice and Members’ Choice Advantage providers

100% back on up to 2 check-ups each year at Members’ Choice Advantage dentists this doesn’t count towards annual limits.[‡]

100% back on your first consultation with a Members’ Choice provider each year for selected services.⁼

100% back on optical items up to your annual limit, and discounts on most lenses and lens options.⁻

100% back for kids at Members’ Choice providers.[#]

† Charge refers to the amount charged by a provider for eligible services or items and benefits are subject to the Maximum Medibank Benefit (MMB).

‡ Members can claim a maximum of two 100% back dental check-ups per member, per year – the first check up can be at any recognised dentist. The second check-up must be at a Members’ Choice Advantage dentist. Bitewing x-rays where required are included only at a Members’ Choice Advantage dentist (up to two per check-up). These check-ups do not count towards annual limits.





= 100% back on your first Members’ Choice consultation each year is for your first service at one of the following Members’ Choice providers - physiotherapy, chiropractic, remedial massage, acupuncture or podiatry, up to annual limits. Waiting periods apply.

- Some items excluded. A waiting period applies.







100% back for kids applies to Child and Student Dependants only, up to annual limits. Waiting periods apply.

 Included extras.








Here are the extras services you can claim for, along with the limits and waiting periods that apply.

Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members’ Choice provider	Non-Members’ Choice provider	
Optical 	Frames	6 months	100%		\$350
	Prescription lenses				
	Contact lenses				
General dental* 	Preventative treatment	2 months	90% (100% back for kids [#])	90%	No annual limit
	Dental examinations				
	Scale and clean				
	Surgical dental procedures (excluding hospital charges)	12 months			
Major dental* 	Endodontic services (eg. root canal)	12 months	90% (100% back for kids [#])	90%	\$1,800 
	Periodontics (eg. treatment of gum disease)				
	Crowns, dentures and bridges				
	Major restorative fillings (eg. veneers)				


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Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Orthodontics*	Braces	12 months	100%		\$1,600 opening balance Top-up of \$500 per year Up to \$3,500 lifetime limit
Physiotherapy 	Consultations	2 months	90% (100% back for kids#)	90%	Combined limit of \$1,000
	Clinical pilates				
	Hydrotherapy sessions				
Chiropractic 	Consultations		90%		
Osteopathy	Consultations only				
Non-PBS Pharmaceuticals	Benefits for prescription-only non-PBS pharmaceuticals will be paid after the PBS co-payment amount has been deducted. Refer to your Member Guide for further details	2 months	90%		\$600
Myotherapy	Consultations	2 months	90%		Combined limit of \$800 (continued over page)
Remedial massage 	Consultations		90% (100% back for kids#)	90%	
Acupuncture 	Consultations only				
Podiatry 	Consultations				
	Approved orthotics 				
Myotherapy	Consultations				
Chinese medicine	Consultations only				
Exercise physiology	Consultations				
Dietetics	Consultations only				
Mental health support	Consultations with psychologists, counsellors and mental health social workers	None	90%		
	Pharmacogenetic testing for all conditions ⁺				
Occupational therapy	Consultations	2 months			
Eye therapy	Consultations				
Speech therapy	Consultations				


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Service category	Example items and services	Waiting period	Amount you can claim		Annual limit per member
			Members' Choice provider	Non-Members' Choice provider	
Antenatal and postnatal services Service provider must be working in private practice	Birthing courses with a midwife (1 per year per membership)		90%		Combined limit, refer above 
	Lactation consultations with a midwife or other recognised provider				
Pregnancy compression garments 	Garments must have TGA approval. Purchase must be approved by doctor or obstetrician				
TENS machines 	Purchase or hire of devices (limited to 6 weeks hire per calendar year)	2 months			
Australian Breastfeeding Association	Membership fees only				
Health appliances and external prostheses 	Insulin delivery pens, pressure therapy garments, braces, splints, non-podiatric orthoses, post-mastectomy bras and external mammary prostheses/breast forms				
Breathing appliances 	Peak flow meters, nebulisers and spacing devices only	12 months			
Blood glucose monitors and blood pressure monitors 	Purchase of devices	24 months			
Hearing aids	Purchase of devices	36 months			
Audiology	Consultations only	2 months			
Laser eye surgery	Where no Medicare benefit is payable	36 months	90%		\$750
Health support benefits 	Medibank approved Health support benefits eg. quit smoking programs, nicotine replacement therapy, exercise classes, gym memberships, personal trainers and weight management programs	2 months	90%		\$200

 Benefit restrictions apply.

 A referral letter is required. Refer to your Member Guide for more information.

 Members' Choice providers are available for these services only.

 A health support benefits approval form must be completed by a health practitioner and the service must be intended to manage an existing health condition. This form is not required for nicotine replacement therapy.

* Benefits will only be paid towards dental and orthodontic treatments that are administered in person (not via phone or online), by a recognised provider.

100% back for kids applies to Child and Student Dependants only, up to annual limits. Waiting periods apply.

+ Medibank will pay benefits towards pharmacogenetic tests for all conditions. Benefits will only be paid towards pharmacogenetic tests administered in-person, or for approved home kits where supporting documentation from a medical practitioner outlining the clinical purpose is supplied.

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How do orthodontic benefits work?

Your orthodontic limit starts with an opening balance which you can access after your 12-month waiting period.

Every year on 1 January after this waiting period, the balance is topped up with an additional amount up to the maximum lifetime limit.

The benefits you can claim after your waiting period:

$$\begin{array}{|c|} \hline \text{Opening} \\ \text{Balance} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Any top ups} \\ \hline \end{array} - \begin{array}{|c|} \hline \text{Any benefits} \\ \text{ever claimed}^* \\ \hline \end{array} = \begin{array}{|c|} \hline \text{The benefit} \\ \text{you can claim} \\ \hline \end{array}$$

* Includes benefits paid by Medibank or other private health insurers.

Things you need to know about your Extras cover.

Waiting periods

A waiting period applies when you join Medibank, or change your cover to include new or upgraded services. We won't pay benefits for any items purchased or services received while you are serving a waiting period.

Annual limits

An annual limit is the maximum amount of benefits we pay towards services and/or items within a calendar year. A combined limit is an annual limit that applies to a group of services and/or items.

Switching from another health insurer?

You may not need to re-serve waiting periods if you join Medibank within 2 months of leaving your previous health insurer, and you've already served the waiting period for that service. Benefits paid under your previous cover will be taken into account in determining the benefits payable under your Medibank cover.

Lifetime limit

This is a once-only limit that isn't reset each year. When you reach this limit, you can no longer claim that benefit again, even if you change your cover.

Benefit restrictions.

The Benefit Replacement Periods on your cover are shown below. A Benefit Replacement Period is the amount of time you need to wait from the date you purchase an item, before we pay towards a replacement for it.

Benefit Replacement Periods are separate to waiting periods.

Service category	Items	Benefit Replacement Period
Health appliances and external prostheses	Wigs, hip protectors and insulin delivery pens	24 months
	Other health appliances and external prostheses	36 months
Pregnancy compression garments	Pregnancy compression garments	24 months
TENS machines	TENS machines	36 months
Blood glucose monitors and blood pressure monitors	Blood glucose monitors and blood pressure monitors	
Breathing appliances	Nebulisers, spacing devices and peak flow meters	
Major dental	Dentures, crowns and bridges	
Hearing aids	Hearing aids	60 months

Additional limitations such as service restrictions (clinical reasonability rules) may apply to some individual dental items and services.

Limits also apply to how often you can claim on some extras services. For example, you can only claim on one mouthguard per person, per calendar year.

Please contact us on **1800 746 746** before your treatment.

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Helping you live better.

Use Members' Choice Extras providers.

Medibank has arrangements with providers for some (but not all) services - these are known as Members' Choice providers. We've negotiated capped prices that Members' Choice Extras providers can charge, which generally means more money back in your pocket. You can still use a non-Members' Choice Extras provider, as long as they're recognised by Medibank, but you won't be able to take advantage of the capped pricing.

Members' Choice Advantage providers are part of our Members' Choice Network and you may enjoy even better value when you need to use eligible extras services at these providers.

It's important to be aware that Medibank's Members' Choice and Members' Choice Advantage Extras providers are subject to change without notice, and are not available in all areas, so please check if they're a Members' Choice or Members' Choice Advantage provider before your treatment or service.

Find your nearest Members' Choice provider at medibank.com.au/memberschoice

Telehealth services.

Medibank pays towards telehealth consultations for selected extras services included on your cover.

Refer to the Member Guide or medibank.com.au/telehealth to check what services are available through telehealth.

Health support that never sleeps.

Medibank health insurance members can talk to a registered nurse or mental health professional at no extra cost.⁼ Chat over the phone or online with 24/7 Medibank Nurse and 24/7 Mental Health Support. Call **1800 644 325** or chat online for support any time of the day or night.

Manage your membership on the go.

You can see your available Extras balances online at My Medibank. You can also update your details, check what your cover includes and much more.

Best of all, it only takes two minutes to sign up for My Medibank, at medibank.com.au/members

You can also download the Medibank app on your smartphone. Just search for Medibank in your app store or go to medibank.com.au/mobile

Live Better rewards.

We think Australians should be rewarded for looking after their health. That's why eligible Medibank members with Hospital or Extras cover can earn Live Better rewards points by tracking things they do every day like walking, eating healthy meals and more with Live Better rewards in My Medibank. Members can then redeem those points on anything from discounts on premium payments to rewards from our health and wellbeing partners.*

For more information visit medibank.com.au/livebetter/rewards

= Some referred services may involve out of pocket costs and waiting periods may apply.

+ Medibank Live Better rewards terms and conditions: Must be 16 years or over to register for Medibank Live Better rewards. Must be a Medibank member with Hospital cover, Extras cover, or Hospital and Extras cover, be up-to-date with premium payments and have signed up to Medibank Live Better rewards with My Medibank to earn Live Better rewards points and to redeem rewards. Excludes Overseas Student Health Cover (OSHC), Ambulance only cover, ahm covers and other selected covers. Live Better Management Pty Ltd, ACN 003 457 289 has entered into commercial arrangements with Medibank Live Better rewards program partners and may receive commissions. Additional terms and conditions may apply to the redemption of a reward depending on the type of reward chosen. Some program partners and earning activities require a person to be at least 18 years of age to be eligible to earn and/or redeem a reward. See full Medibank Live Better rewards terms at medibank.com.au/livebetter/rewards/terms

How to find out more.

Health insurance can be complicated, that's why we've prepared a glossary of useful terms that you can view online at medibank.com.au/glossary

This information is current as at 7 May 2025 and subject to change from time to time. If you'd like to change your cover, please contact us on **132 331**. Membership of Medibank Private is subject to our Fund Rules and policies which we can change from time to time and are summarised in our Member Guide. Medibank Private Limited ABN 47 080 890 259